

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>James</i>		04-11-01
O.I.P.E. CLASSIFIER		<i>20</i>	5/3
FORMALITY REVIEW	B2	SC3-283	25-14-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓ 4/6/03
2	✓ 9/9/03
3	✓ 2/2/04
4	✓ 2/2/04
5	✓ 2/2/04
6	✓ 2/2/04
7	✓ 2/2/04
8	✓ 2/2/04
9	✓ 2/2/04
10	✓ 2/2/04
11	✓ 2/2/04
12	✓ 2/2/04
13	✓ 2/2/04
14	✓ 2/2/04
15	✓ 2/2/04
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19	✓ 2/2/04
20	✓ 2/2/04
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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